



WESTERN ILLINOIS UNIVERSITY

Western Illinois University
Office of Equal Opportunity and Access
Discrimination Complaint Form

This form is to be used by students, faculty, staff, and applicants for employment to file a complaint of discrimination based on sex, race, color, sexual orientation, gender identity and gender expression, religion, age, marital status, national origin, disability, or veteran status or any other category protected by the State of Illinois or by federal law.

COMPLAINANT INFORMATION

Complainant Name: First, MI, Last Title

Respondent(s) Name: First, MI, Last Title

First, MI, Last Title

Complainant Contact Information: Please list the address, telephone number, and email to which you wish to receive communications regarding this complaint.

Address: Street City State Zip

Telephone: Home Work Cell

Email Address:

University Status: Faculty Administrative/Professional Civil Service Student Applicant

ALLEGED DISCRIMINATION FACTORS:

- Age National Origin Race Veteran Status Disability
Religion Sex Sexual Orientation Sexual Harassment Color
Gender Identity/Expression Marital Status Retaliation
Other

PLEASE ATTACH A TYPED/Written STATEMENT WHICH OUTLINES THE NATURE OF THE COMPLAINT AND YOUR REASON(S) FOR CONCLUDING THAT IT WAS DISCRIMINATORY\*. PLEASE INCLUDE THE REMEDY SOUGHT.

Signature Date submitted

\* Respondent(s) will be notified at the time the complaint is filed to respond to the complaint.